

CITY OF FORT SMITH
5% SUPPLEMENTAL TAX
ON PREMISES ALCOHOLIC BEVERAGE SALES
FOR THE MONTH OF

BUSINESS NAMES: _____

ACCOUNT NO. _____

MAIL WITH PLANNING DEPARTMENT
PAYMENT TO: PO BOX 1908, FT SMITH, AR 72902

1. 5% SUPPLEMENTAL TAX IS ON **ALL** ALCOHOLIC BEVERAGES SOLD.
2. TAX IS FIGURED ON **GROSS RECEIPTS BEFORE ANY** ADJUSTMENTS.
3. TAX IS DUE BY THE 20TH OF THE FOLLOWING MONTH. POSTMARKED THE 20TH WILL BE ACCEPTED.
4. A 25% PENALTY IS ASSESSED ON ALL PAYMENTS AFTER THE 20TH (EXCLUDING POSTMARKED 20TH).
5. PENALTIES MUST BE INCLUDED IF PAYING LATE.
6. DELINQUENT TAXES PAST 30 DAYS AND/OR FAILURE TO PAY PENALTIES ARE SUBJECT TO PROSECUTION AND NOTIFICATION TO THE ABC BOARD.

RETURN ORIGINAL WITH CHECK/RETAIN COPY FOR YOUR FILES

GROSS RECEIPTS \$ _____

TAX – 5% OF LINE 1 _____

PENALTY – 25% X LINE 2 - _____

TOTAL REMITTANCE \$ _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

Date

OWNER, PARTNER OR CORP. OFFICER